

# Support plan for care homes in Leicestershire

Version 4.0 June 2020

**STAY ALERT ► CONTROL THE VIRUS ► SAVE LIVES**

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# Working with you during the Coronavirus

As part of our commitment to working with all our key partners during these uniquely challenging times, we have developed a plan which explains how we wish to support and work in collaboration with care home providers.

Our intention is to produce a dynamic plan that will enable you to continue to offer care in a safe and sustainable way, not just while the pandemic is at its height, but beyond this as we adapt to the new environment that the epidemic has created.

The changing nature of the plan means that you will be able to influence priorities and help develop the actions required from both the County Council and from yourselves as our care home provider partners, to resolve emerging issues.

The plan details the support which we will offer you and the engagement we need from you in return to make it succeed, in a spirit of shared benefit and shared endeavour.

Based on the government's COVID-19 guidance and social care action plan and the questions you have been raising with us in recent weeks, we've identified the following joint working priorities:

Infection  
prevention  
and control  
measures

Testing

PPE and  
Equipment  
supply

Workforce and  
Training

Clinical  
support

Advice and  
communication

Ongoing  
Support

Financial  
Support

# Support for infection control measures

## Our Local Offer

- Working with you to ensure that all Government Guidance related to the admission and care of people in care homes is properly followed
- Working with our NHS partners to ensure COVID test result and status information is communicated to care homes as part of the admission process
- [Helping you and your care homes to manage the isolation of new and returning residents](#)
- [Provide IPC advice relating to the safe management of COVID-19](#)
- Contact and support care homes with an active outbreak following notification from Public Health England (PHE)
- Provide up to date local and national guidance on IPC issues and a dedicated helpline [number here]
- Infection control nurses are “training the trainers” to support care homes on the recommended approach to Infection Prevention Control, PPE usage and testing advice

## How we need you to work with us

- Notify CQC and PHE of outbreaks
- Keep in touch with Leicestershire County Council and alert us to any emerging risks and issues which could affect the wellbeing of existing residents, new admissions and your care teams
- Continue to alert us to any safeguarding concerns
- Keep up to date with the latest guidance on admissions
- Ensure admissions to homes are conducted swiftly and safely
- Complete the Capacity Tracker on a regular basis
- Keep up to date with the latest guidance on admissions and IPC
- Support residents to engage with hygiene and isolation regimes

# Testing

## Our Local Offer

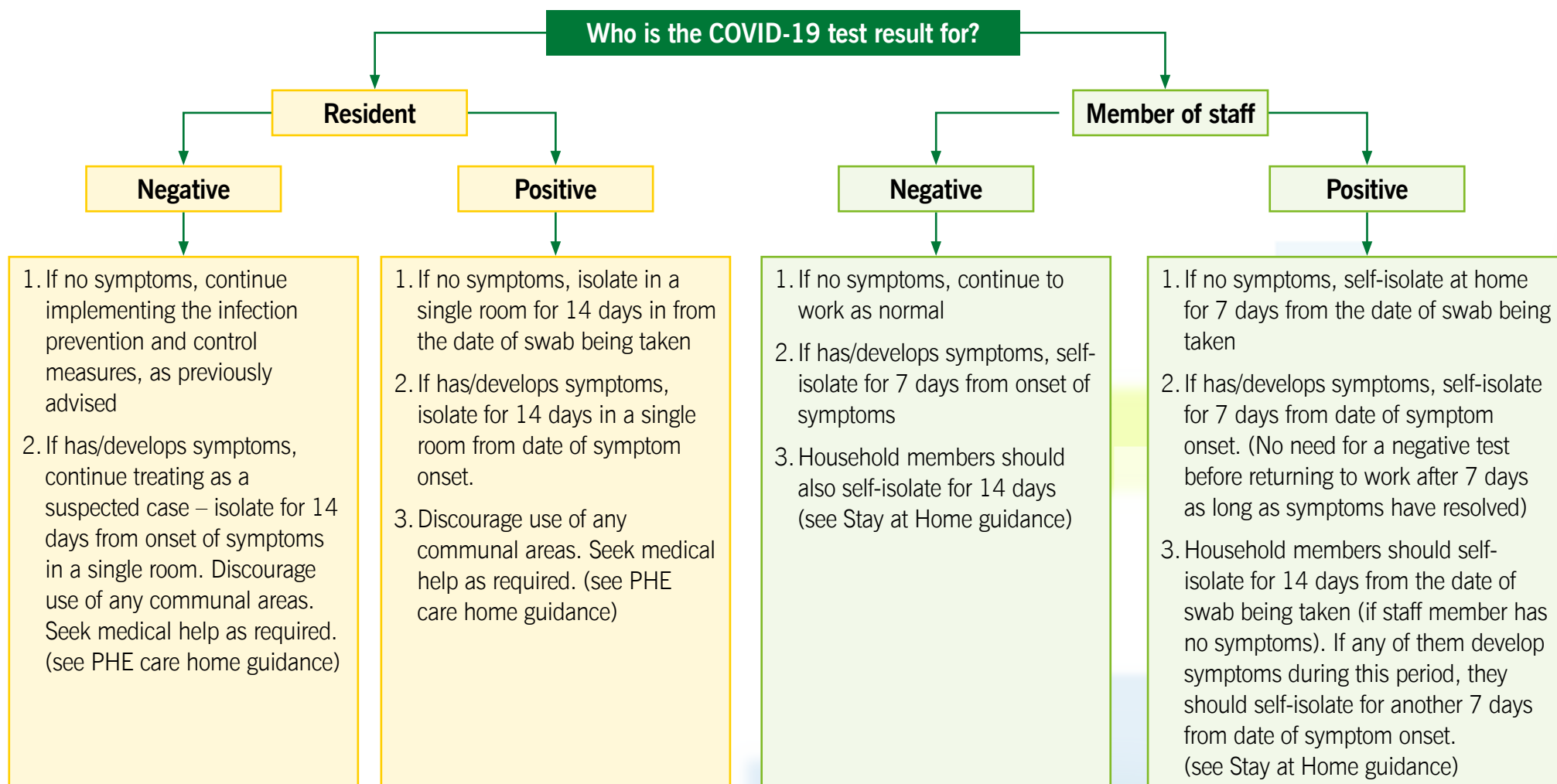
- Signposting to appropriate services for further advice in relation to the whole care home testing programme
- [Support to get onto portal](#)
- Submission of a weekly prioritised list of care homes for testing to DHSC
- [Development of a comprehensive set of FAQs on the testing process](#)
- [In the process of developing a 'hints and tips' video to support swab taking](#)
- [In the process of developing further guidance relating to interpretation of results](#)

## How we need you to work with us:

- Sign up to the testing portal
- Complete tests as quickly as possible
- Notify local partners of outcome

# Testing pathway

## PHE care home testing results: actions for care home residents and staff



If any care home of any type suspects a case or outbreak, the local Health Protection Team must be informed. In these circumstances Pillar 1 tests are arranged for symptomatic cases and Pillar 2 testing for other residents and staff.

# PPE and Equipment supply

## Our Local Offer

- Monitor and risk-assess your PPE supply levels and associated risks, using your responses to our provider surveys, which enable LCC to prioritise use of the Local Resilience Forum (LRF)
- Provide a PPE enquiry line **0116 305 7263**
- Support you with the ordering and distribution of LRF PPE allocations
- [PHE Reporting tool - isolating areas by zone and how this can be used proactively](#)
- [Online tools and videos to support the correct use of PPE](#)

## How we need you to work with us

- Provide us with your PPE supply and stock data and details of any other IPC risks when requested; this is so we can assist directly and does not duplicate CQC's data requests
- Work in line with guidance, including on the appropriate use of PPE, from IPC team
- Make every effort to source your own PPE supply, before resorting to requesting the emergency stocks
- Alert us to any urgent concerns about your PPE supplies or training requirements (or shorten the current point on keeping in touch with us/ PH)
- Provide regular refresher training for your teams on the fitting, use and disposal of PP

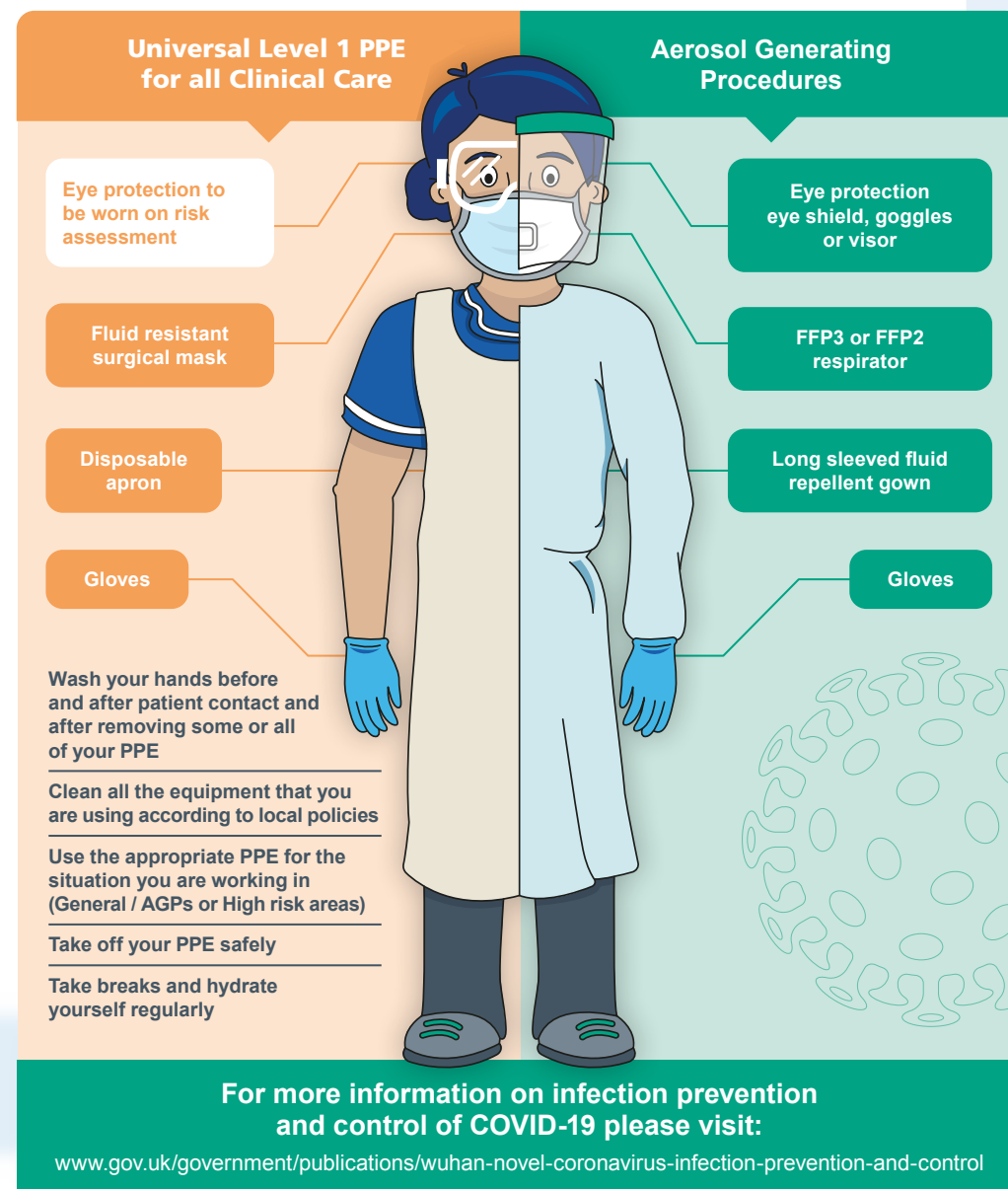
# Managing infection

## Infection prevention and control:

- Follow latest guidance on handwashing and social distancing [here]
- Follow the guidance to see if you should be using PPE
- Masks should be worn when doing any task that requires you to be within 2 metres of your residents
- Masks can be used continuously, depending on different scenarios
- Gloves and aprons are for single patient use only
- If you take your mask off, it **MUST** go in the clinical waste bin

## COVID-19 Safe ways of working

# A Visual Guide to Safe PPE





# Donning and Doffing

## In your care home

- Different types of PPE is worn depending on the type of work people do and the setting in which they work. Click Here to see the video on how to put on PPE and take it off in your care home. You can also use the poster on the right

## Why are people wearing different PPE?

- You may see other people wearing different types of PPE, for example, paramedics, district nurses and GPs. This is because some roles will have contact with more people in different procedures and settings, who are possibly infected. In addition, there are a number of styles of PPE made by different manufacturers. For example, not all face masks will look the same

## Guide to donning and doffing standard Personal Protective Equipment (PPE)

### for health and social care settings

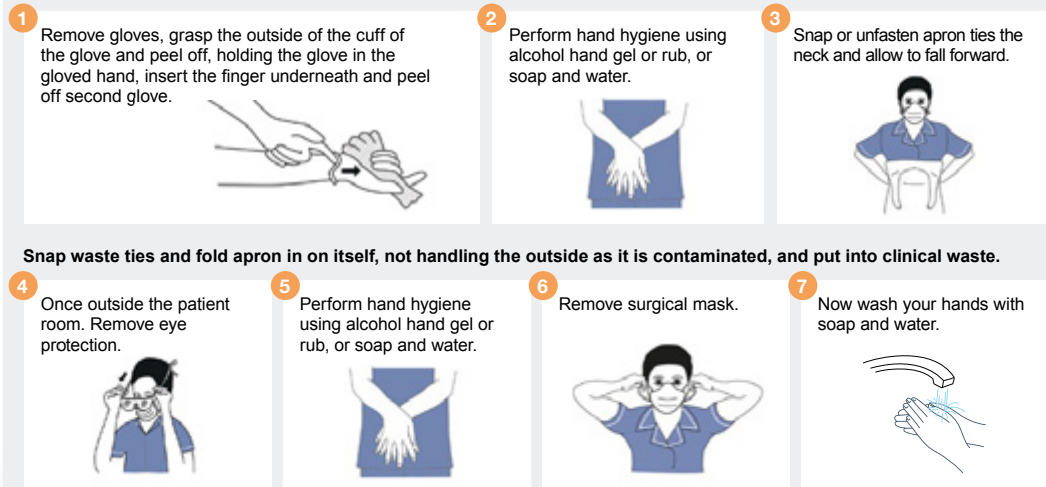
#### Donning or putting on PPE

**Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.**



#### Doffing or taking off PPE

**Surgical masks are single session use, gloves and apron should be changed between patients.**



# Workforce Support & Training

## Not included is shared staffing, testing

### Local Offer

- [Recruitment, interviews & induction Offer - the team attracts, recruits & carries out recruitment checks and training on behalf of the external market. Email \[inspiredtocare@leics.gov.uk\]\(mailto:inspiredtocare@leics.gov.uk\)](#)
- [There is a large marketing campaign to raise awareness, change perceptions, celebrate the hard work of the sector and in turn attract the workforce](#)
- [Mutual aid & returning NHS staff](#)
- [Volunteers](#)

### How we need you to work with us

- We want all our members to be actively involved in the Inspired to Care project. The more you put in, the more you get out.
- Let us come to you to offer free 1:1 support
- Let us know about your good-news stories so we can showcase them on our social media platforms. This offers you free advertising for your provision
- Complete research questionnaires and feedback
- Attend events and topic conferences with other providers

# Clinical Support

## Local Offer

- Clinical Support provided by a collaboration between GPs, district nurses, specialist nurses and therapists
- Clinical Leads who are contactable by care homes and will check-in to offer proactive support
- Practice, PCN, CCG and Care Home Team pharmacists are working together to ensure that there is access to the right clinician(s) to carry out proactive medication reviews for residents
- Wrap-around medical advice and support for all pharmacists and medical review clinicians is provided by community pharmacist teams and enhances our model of care
- Multidisciplinary team working with care homes are being established which will include Social Prescriber Link Workers, Geriatricians and Care Coordinators
- Support of a Care Homes Trusted Assessor based in UHL

## How we need you to work with us

- Start using NHS mail
- Ask for help when you need it
- Be clear about what support you can expect from your primary care and community services

# Working with Primary Care

It is important we work more closely than ever with our colleagues who provide care in the community, as well as GPs. Here are some checkpoints you should consider when working with primary care and the wider multi-disciplinary team:

- Are all residents registered with a GP?
- Are contact details (including bypass numbers) correct for GP, District nurse, pharmacist, hospice and other local services?
- Are all care plans complete and updated regularly with primary care team input?
- Are Advance Care Plans in place for all residents and shared on CMC? If not, can we help our primary care teams achieve this?
- Have we identified any residents who are especially 'at risk' from COVID-19 and implemented plans to 'shield' them?
- Are we ready and able to communicate with our primary care team by video link?
- Keep a record of non urgent concerns and queries to discuss with your primary care team when convenient

# Advice and communications

## Local Offer

- [Dedicated pages on our website which are regularly updated providing advice, guidance & signposting](#)
- [We hold weekly teleconferences which you can attend on a collective basis to discuss matters of concern to the sector and to disseminate information and advice](#)
- [We have produced bulletins which give information and advice to providers on everything from Infection Control to funding, including PPE use, training, workforce support, testing and financial support](#)
- EMCARE is the local Association representing care homes & supports its members by providing supplier discounts, regular updates, weekly Zoom meetings, advice and networking, including through facebook. Website is [www.emcare.org.uk](http://www.emcare.org.uk)

## How we need you to work with us

- Regularly check our website
- Join in the weekly provider teleconference call if you can
- Let us know how we can communicate with you more effectively

# Ongoing Support

## Local Offer

- Targeted approach for homes in difficulty, early identification of issues and support to prevent crisis
- General advice and support with templates and tools to support day to day activity
- Bereavement support, resources from Admiral Nurses and counselling
- Emotional support for staff, including sharing of tools to help promote wellbeing and initiatives to show appreciation and boost staff morale such as clap for Leicestershire carers scheme
- Support with Health for dealing with End of Life issues and verifying deaths
- Dementia support tools for dealing with COVID 19 and purposeful walking by residents
- Keeping our requests for your data to a minimum, based on the information we really need

## How we need you to work with us

- Keep in touch with Leicestershire County Council and alert us to any emerging risks and issues, including further information and advice you need from LCC and partner agencies
- Keep up to date with the latest guidance from all key sources (including Department of Health and Social Care, Care Quality Commission, Clinical Commissioning Groups and Public Health England)
- Ensure data requests are submitted swiftly and accurately

# Talking to relatives

Conversations with relatives about COVID-19 can be challenging.

## Think

- What information do I need to tell the relative
- How can I keep the language simple

## Ask

- If the relative is ok to talk
- What the relative already understands about their loved one
- If they have any questions or need any other advice or support

## Do

- Introduce yourself
- Comfort and reassure
- Allow for silence
- Talk to colleagues afterwards

[Further guidance can be found here](#)

### Talking to relatives

A guide to compassionate phone communication during COVID-19

**Introduce**

- SPEAK SLOWLY**
- OPEN WITH A QUESTION**
- ESTABLISH WHAT THEY KNOW**

#hello my name is... **GRACE**  
WARD SISTER

I'm calling to give you an update on your brother, Frank.

Are you OK to talk right now?

Can you tell me what you know about his condition?

**Share info in small chunks**

- PAUSES SIMPLE LANGUAGE**
- EUPHEMISMS JARGON**

**Helpful concepts**

- Honesty with uncertainty**: There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.
- Hope for the best, plan for the worst**: We hope Frank improves with these treatments, but we're worried he may not recover.
- Sick enough to die**: Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days. I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.

**Comfort and reassure**

Is there anything you can tell me about Frank to help us look after him? What matters to him?

We've been looking after him and making sure he's comfortable.

**Allow silence**

- LISTEN**: I am so sorry. Please, take your time.
- EMPATHISE**: It must be very hard to take this in, especially over the phone.
- ACKNOWLEDGE**: I can hear how upset you are. This is an awful situation.

**Ending the call**

- DON'T RUSH**: Before I say goodbye, do you have any other questions about Frank?
- NEXT STEPS**: Do you need any further information or support?

**Afterwards**

Chat with a colleague. These conversations are hard. #weareallhuman

NHS Chelsea and Westminster Hospital NHS Foundation Trust

**proud to care**

Developed by Dr Antonia Field-Smith and Dr Louise Robinson, Palliative Care Team, West Middlesex Hospital

# Supporting residents with Learning Disabilities

People with learning disabilities may be at greater risk of infection because of other health conditions or routines and/or behaviours. It is important that staff are aware of the risks to each person and reduce them as much as possible.

This will mean significant changes to the persons care and support which will require an update in their care plan. If the resident needs to exercise or access the community as part of their care plan, it is important to manage the risk and support them to remain as safe as possible.

You may need help or remind the resident to wash their hands:

- Use signs in bathrooms as a reminder
- Demonstrate hand washing
- Alcohol-based hand sanitizer can be a quick alternative if they are unable to get to a sink or wash their hands easily.

Residents that are high risk may require shielding, this may be difficult in shared accommodation, it is important to ensure that you follow the government guidance as much as possible.

[Tools to help you can be found here](#)

## Think

- Is something different? Is the person communicating less, needing more help than usual, expressing agitation or pain (moving more or less), how is their appetite
- Does the person need extra support in order to remain safe and protected?

## Ask

- How can we engage the person to ensure that they understand the change in activities.

## Do

- Allow time to remind the person why routines may have changed.
- Develop new person centred care plans with the person and their family



# Supporting residents with Dementia

People may behave in ways that is difficult to manage such as walking with purpose (wandering). Behaviour is a form of communication, often driven by need. Someone could be hungry, in pain or constipated, they might be scared or bored. Ask someone walking if there is something that they need, try activities with them and if possible go for a walk with them.

Some people ask to go home –this is often because people want to feel safe a secure. Talking about family that they are missing and looking at photographs can help.

People might find personal care frightening (it might seem like they are aggressive). Giving them time to understand what is happening, showing them the towel and cloth, encouraging them to do what they and keeping them covered as much as possible can help

People with dementia may need help or reminders to wash their hands. Use signs in bathrooms as a reminder and demonstrate hand washing. alcohol-based hand sanitizer can be a quick alternative if they cannot get to a sink or wash their hands easily.

People with dementia may find being approached by someone wearing PPE frightening -It may be helpful to laminate your name and a picture of your role and a smiley face.

If people with dementia become unwell they might get more confused (delirium). Further guidance can be found at [dementiauk](https://dementiauk.org) or [alzheimers.org.uk](https://alzheimers.org.uk)

## Think

- Is my resident unwell or frightened?
- Does my resident need extra help to remain safe and protected

## Ask

- Have I done all I can to understand my resident's needs?
- What activities does my resident like to do

## Do

- Introduce yourself and explain why you are wearing PPE
- Allow time to remind residents why routines may have

# Supporting end of life

- Some residents will have expressed their wishes to not go to hospital and to stay in the care home and made as comfortable as possible when they are dying
- A family member is able to visit their relative who is dying. If they are unable to visit, they can be supported to connect using technology
- Common symptoms at the end of life are fever, cough, breathlessness, confusion, agitation and pain. People are often more sleepy, agitated and can lose their desire to eat and drink
- Breathing can sound noisy when someone is dying –due to secretions, medicine can be given to help
- Some people can become agitated or distressed when dying –provide reassurance and things the person would find comforting e.g. music
- [More guidance on end of life can be found here](#)

## Think

- Does the resident have a CMC plan? –what are the residents wishes and preferences

## Do

- We have the medication needed to help relieve symptoms (e.g. pain, nausea, breathlessness)?
- Can I make the resident more comfortable -are they in pain (look or grimacing), are they anxious (can make breathlessness worse)
- If the person can still swallow honey and lemon in warm water or sucking hard sweets can help with coughing
- If having a full wash is too disruptive washing hands face and bottom can feel refreshing

## Ask

- The family and resident if they want to connect using technology
- The GP or palliative care team or 111 if urgent for advice about symptom control and medication

# Falls Management

Prevention is better than cure and continuing to implement falls prevention interventions such as strength and balance exercises is important.

To help prevent falls:

- Complete your local falls assessment and care plan
- Keep call bell and walking aid in reach of your residents
- Ensure residents shoes fit well and are fastened and clothing is not dragging on the floor
- Optimise environment –reduce clutter, clear signage and good lighting
- Ensure the resident is wearing their glasses and hearing aids

Residents do not need to go to hospital if they appear uninjured, are well and are no different from their usual self. People with learning disabilities or dementia may not be able to communicate if they are in pain or injured following a fall, take this into account when deciding on whether or not to go to hospital.

Going to hospital can be distressing for some residents. Refer to their advance care plan to make sure their wishes are considered and take advice e.g. from GP or 111. Only ring 999 when someone is seriously ill or injured and their life is at risk. [More guidance and the falls decision tree can be found online here](#)

## Think

- Is an emergency ambulance required for the resident who has fallen?

## Ask

- Contact your GP, community team or 111\*6 for clinical advice and support
- Follow advice on NHS website on when to ring 999

## Do

- Use assessment and observation to monitor for deterioration or injury in the hours following a fall
- If available and safe use appropriate lifting equipment
- If it is unsafe to move someone who has had a fallen keep them warm and reassure them until the ambulance arrives
- Ensure you have up to date moving and handling training
- Continue to implement existing falls prevention measures

# Financial Support

## Local Offer

- Residential and nursing care fee rates reflect an inflationary uplift for 2020/21. Band rates have been increased by 4.1%, which is a blended rate that takes account of the Consumer Price Index (CPI) annual inflation rate of 1.4%, and the National Living Wage increase for 2021 of 6.2%
- The Council continues to make payments on a 4-weekly cycle on planned care. These payments include a 2-week payment in advance element. We have also made a payment equivalent to 2 weeks of planned care, which whilst recoverable later, additionally helps to support providers' cashflow
- Additional payments have been made to residential care homes. The funding recognises the cost pressures in terms of higher staff sickness absence rates, associated agency and PPE costs. These payments equate to 10% of the four-weekly planned care banded costs during April and 5% during May
- [Managing the allocation of the IPC Fund to assist care homes with workforce related costs relating to infection control](#)

## How we need you to work with us

- Read further information in the past and future provider bulletins emailed to you and accessible at <https://leics.sharepoint.com/sites/intranet/HDI/Pages/Probation-period—what-to-expect.aspx>
- Continue to maintain records of additional costs

